

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

937151

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		17		17		
TOTAL CLAIMS		18		18		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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